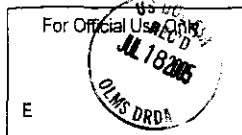


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>3476</u> INITIAL FILING	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>WILLIAM</u> <u>FALBE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>5010 WEST MAIN ST</u> City <u>BELLEVILLE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62226</u>	4. Name, file number, and address of labor organization. Name <u>UFCW LOCAL 534</u> Labor Organization File Number <u>019-245</u> P.O. Box, Building and Room Number, if any _____ Street <u>5010 WEST MAIN ST</u> City <u>BELLEVILLE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62226</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William Falbe

On 7-7-2005 618 235 6534
Date Telephone Number

Name of Person Filing <u>WILLIAM FALBE</u>	File Number U- <u>INITIAL FILING</u> <u>6-3476</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) a part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. (X)

8. Name and address of Business (including trade name, if any). Name <u>MILLIMAN USA</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>SUITE 650</u> Street <u>501 NORTH BROADWAY ST.</u> City <u>ST. LOUIS</u> State <u>MO</u> ZIP Code + 4 <u>63102</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>EMPL. & LOCAL 534 MEAT/GRD. PENSION FUNDS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>5010 WEST MAN ST.</u> City <u>BELOLEVILLE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62226</u>	11.a. Nature of such dealing. <u>ACTUARY AND INVEST. MANAGERS FOR PENSION FUNDS</u> 11.b. Approximate dollar value of such dealing. <u>95,421</u> 12.a. Nature of interest held or income received. <u>BALL TICKETS</u> 12.b. Amount. <u>284-</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>MARSHALL & HISELEY TRUST CO.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>SUITE 100</u> Street <u>3993 HOWARD HUGHES PARKWAY</u> City <u>LAS VEGAS</u> State <u>NV</u> ZIP Code + 4 <u>89109</u>	14.a. Nature of payment. <u>BALL TICKET</u> <u>INVESTMENT MANAGERS</u> 14.b. Amount of payment. <u>90-</u>
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13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/>	
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